

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10762159 FILING DATE 01-20-04  
 APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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45						
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48						
49						
50						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						